FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED	FOR	FILING
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Office of Administrative orings

FIDORSED WED FOR FILING Code 11380.2) 2 1974

Office of Administrative Hearings

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

(Agency)

Dated:

Director

(Title)

DEC 3 At 2555 o'c'ock P

Deptity Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 305.1 and 306.1 of the Unemployment Insurance Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on January 1, 1975 after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend: Title 22, Division 1, Sections 926-3 and 926-4, CAC

NOT WRITE IN THIS

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-3

126-3. Taxable Value of Board and Lodging. {a} Boardalodging, or any other payment in kind, received by an employee in addition or in lieu of cash wages, shall be taxable on the basis of a reasonably estimated cash value to the employee, as determined or approved by the department as hereinafter provided:

{1} The reasonably estimated cash value of meals, lodging, or other payment in kind to an employee will not be deemed
less than {A} the bona fide value stipulated in a union agreement
or contract of employment, or {B} the value established as a basis
of compliance with any applicable law governing minimum wages.

{2} Meals. In those cases where subdivision {a}{l} is not applicable, the department will consider the following scale to be a reasonably estimated cash value of meals to employees:

For the calendar year 1975 and thereafter except as modified herein in accordance with the following provisions of this subdivision

Three meals per day	\$2.25
Individual meals:	
Breakfast	.45
Lunch	.70
Dinner	[1.10]
A meal not identifiable as either breakfast, lunch, or dinner	.85

NOT WRITE IN THIS SPACE

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-3 (CONTINUED)

Whenever the average of retail prices of foods in California cities during the twelve months of any fiscal year ending on June 30th varies according to the cost of living indexes published by the United States Department of Labor, Bureau of Labor Statistics, from the average of prices during the same months ending on June 30, 1969 by 10 percent or more, the director will by authorized regulation modify the 1975 scale for meals upward or downward in substantially the same ratio for the ensuing calendar year.

If, however, it can be shown to the satisfaction of the department in any case that the scale as determined herein exceeds 120 percent of the cost of the raw materials used in preparing meals for employees, the department will consider 120 percent of the cost of such raw materials to be the basis for a reasonably estimated value of meals to employees.

Where subidivision {a}{l} is not applicable, the department will consider a reasonably estimated cash value of lodging to an employee, for the calendar year 1974 and thereafter except as modified in accordance with this subdivision, to be 66 2/3 percent of the ordinary rental value to the public but not in excess of \$185 per month or less than \$6.00 per week. The following examples illustrate the computation of taxable wages in such cases:

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-3 {CONTINUED}



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8

Example A
Ordinary rental value to public of lodging
Cash value of lodging to employee {LL 2/3 percent
of \$350 equals \$233.33}
able Wages
Example B
Ordinary rental value to public of lodging
Cash value of lodging to employee {66 2/3 percent
of \$225 equals \$150}
able Wages
Example C
Ordinary rental value to public of lodging \$33
Cash value of lodging to employee {66 2/3 percent
of \$33 equals \$22} 24 Tax-

(B) In those cases where subdivision {a}{l} is not applicable, if the employee receives part of his lodging in exchange for a cash payment and part in exchange for services rendered, the department will consider that only the part received in exchange for services rendered is received in lieu of cash wages. The amount of the cash payment by the employee shall be deducted from the ordinary rental value of the lodging to the public, and the reasonably estimated cash value of the remainder, which is the part received by the employee in lieu of cash wages, shall be 66 2/3 percent of the ordinary rental value to the public but not in excess of \$185

able Wages

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-3 (CONTINUED)

per month. The following examples illustrate the computation of taxable wages in such cases:

Example A	
Ordinary rental value to public of lodging \$350	
Employee pays cash for lodging 50	
Remainder	
Cash value of lodging to employee {LL 2/3 percent	
of \$300 equals \$200}	3 X -
able Wages	
Example B	,
Ordinary rental value to public of lodging	i
Employee pays cash for lodging	1
Remainder	
Cash value of lodging to employee {66 2/3 percent	
of \$21 equals \$14}	=×=

{C} Whenever the average of residential rent prices in the Los Angeles, San Diego, and San Francisco Metropolitan Areas during the twelve months of any fiscal year ending on June 30th varies according to the residential rent indexes published by the United States Department of Labor, Bureau of Labor Statistics, from the average of prices during the same months ending on June 30, 1973 by 10 percent or more, the director will by authorized regulation

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able Wages

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-3 {CONTINUED}

modify the 1974 scale of maximum and minimum rates for lodging upward or downward in substantially the same ratio for the ensuing calendar year.

[4] Where there are unusual facts and circumstances which make any of the foregoing inapplicable, the department will consider such facts and circumstances in approving or determining a reasonably estimated cash value of meals or lodging to the employees.

of meals and lodging furnished employees as a part of their remuneration. Such records shall be in such form as to show the number and kind of meals actually consumed by employees. If in any case an employee objects to the amount of deductions made for contributions on the ground that the value and number of meals furnished or the value of any remuneration in kind is erroneous, he may protest to the department and request a determination thereon.

- {c} It is immaterial for the purposes of this section that the facilities furnished by the employer are furnished for his convenience or the convenience of the employee.
- {d} The provisions of this section shall not be construed to include as taxable wages items expended on behalf of the employer and designated as traveling allowance.
- {e} This section is not applicable to meals and quarters furnished officers and crewmen aboard merchant vessels, or to meals and quarters received by fishermen, except as specifically provided in Sections 926-4 and 926-5 of these regulations.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

ECGULATION 726-3 (CONTINUED)

{f} No right or cause of action founded upon any scale of reasonably estimated cash value of meals to employees in effect under provisions existing prior to the amendment of this section shall be abolished or impaired by such amendment.

REGULATION 726-4

926-4. Taxable Value of Meals and Quarters Furnished
Officers and Crewmen Aboard Vessels. {a} Meals and quarters received by officers and crewmen aboard a vessel shall be taxable
on the basis of a reasonably estimated cash value to the employee
as determined or approved by the department as hereinafter provided:

- {1} The reasonably estimated cash value of meals and quarters to an employee will not be deemed less than {A} the bona fide value stipulated in a union agreement or contract of employment, or {B} the value established as a basis of compliance with any applicable law governing minimum wages.
- {2} In those cases where subdivision {a}{l} is not applicable the department will consider the following scale to be the reasonably estimated cash value to the employee of meals and quarters for the calendar year 1975 and thereafter, except as modified herein in accordance with the following provisions of this subdivision:
 - [A] Licensed Personnel. For each day or part of a day aboard a vessel, \$2.25 for meals plus \$1.25 for quarters, or a total of \$3.50.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-4 (CONTINUED)

(B) Unlicensed Personnel. For each day or part of a day aboard a vessel, \$2.25 for meals plus \$0.85 for quarters, or a total of \$3.10.

{C} Adjustment of Meals Values. Whenever the average of retail prices of foods in California cities during the twelve months of any fiscal year ending on June 30th varies according to the cost of living indexes published by the United States Department of Labor, Bureau of Labor Statistics, from the average of prices during the same months ending on June 30, 1969 by 10 percent or more, the director will by authorized regulation modify the 1975 scale for meals upward or downward in substantially the same ratio for the ensuing calendar year.

If, however, it can be shown to the satisfaction of the department in any case that the scale as determined herein exceeds 120 percent of the cost of the raw materials used in preparing meals for employees, the department will consider 120 percent of the cost of such raw materials to be the basis for a reasonably estimated value of meals to employees.

{D} Adjustment of Quarters Values. Whenever the average of residential rent prices in the Los Angeles. San Diego, and San Francisco Metropolitan Areas during the twelve months of any fiscal year ending on June 30th varies according to the residential rent indexes published by the

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FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 726-4 {CONTINUED}

United States Department of Labor, Bureau of Labor
Statistics, from the average of prices during the
same months ending on June 30, 1973 by 10 percent or
more, the director will by authorized regulation modify
the 1975 — scale of rates for quarters upward or
downward in substantially the same ratio for the ensuing
calendar year.

- {b} "Vessel" as used in this section includes
 freighter, tanker, passenger or any other vessel, except
 fishing vessels. {Fishing Vessels--See Regulation 926-5.}
- {c} "Licensed personnel" as used in this section includes masters, mates, engineers, pilots, radio telegraphers and any other persons who are licensed pursuant to the United States Shipping Code, and also includes pursers and surgeons and any other persons who are registered pursuant to the United States Shipping Code.
- {d} "Unlicensed personnel" as used in this section
 includes all members of the crew other than persons described in subdivision {c} of this section.
- {e} Notwithstanding the provisions of subdivision {a}{2} of this section if an employer maintains records in such form as to show the number and kind of meals actually consumed by employees the scale for individual meals set forth in subdivision {a}{2} of Section 926-3 of these regulations may apply.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

REGULATION 926-4 (CONTINUED)

{f} It is immaterial for the purposes of this section that the facilities furnished by the employer are furnished for his convenience or the convenience of the employee.

{g} No right or cause of action founded upon provisions for the reasonably estimated cash value to officers and crewmen aboard vessels of meals and quarters in effect prior to the amendment of this section shall be abolished or impaired by such amendment.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

This regulation will not result in any costs to any unit of local government.

Adopted by:

DAVID B. SWOAP

Director of Benefit Payments

Approved by:

JAMES E. JENKINS) Secretary Health and Welfare Agency

FORM 400

FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 1 1 1974

Office of Administrative Hearings

ENDORSED
APPROVED FOR FILING
(Gov. Code 11380.2)
DEC 1 1 1974

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency

Dated: December 11, 197

By: Mowley

Director DAVID B. SWOAP

(Title)

In the office of the Secretary of State of the State of California

DEC 1 1 1974

EDMUND G. BROWN Jr. Secvetary of S

Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

Adopt: Section 46-430

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

- 1. Assembly Bill 3445 was signed by the Governor on September 23, 1974. The bill provides an allowance of \$18 a month for blind recipients of State Supplementary Program for aged Blind and Disabled or Excess Value Home Program benefits, if the recipient has a guide dog. The bill is an urgency measure and takes effect immediately.
- 2. Blind recipients of assistance are presently forced to provide adequately for their guide dogs out of funds provided the blind person for his own maintenance. In order to alleviate this hardship at the earliest possible date, it is necessary to adopt these regulations on an emergency basis.

These regulations are adopted on an emergency basis to become effective upon filing with the Secretary of State.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-430 SPECIAL NEED - FOOD FOR GUIDE DOGS

46-430

.l Eligibility

Blind recipients of State Supplementary Program (SSP) for Aged, Blind and Disabled or Excess Value Home Program (EVH) benefits who own a guide dog are eligible for this allowance to purchase food for the dog. A guide dog is a dog trained and used for guiding a blind person in his or her daily activities.

.2 Application

The Department shall send application form SCl to blind recipient's of benefits under the SSP or EVH Programs as identified by the Social Security Administration or County Welfare Department. Blind SSP or EVH recipients who had a guide dog in October 1974, or thereafter, may apply on Form SCl for an allowance for dog food of \$18.00 a month. Application should be made to the State Department of Benefit Payments (SDBP), 744 P Street, Sacramento, California 95814.

.3 Payments

Payments will be made at the end of the month, in arrears for that month.

The eligibility of qualified applicants, whose applications for this allowance are received before February 1, 1975, may



FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-430 SPECIAL NEED - FOOD FOR GUIDE DOGS

46-430

be established for the months prior to February 1975, but not earlier than the month of October 1974.

Payments to qualified applicants, whose applications for this allowance are received after January 31, 1975, will be effective in the month in which the application is received. SDBP must approve or deny every application and notify the applicant of the action not more than 30 days after the date the application is received.

.4 Redeterminations

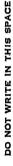
Eligibility for this allowance shall be redetermined at least once every six months. Each recipient will be required to promptly complete and submit a redetermination form SClaas requested by SDBP.

Each recipient is required to promptly notify SDBP if he or she ceases to be a blind recipient of SSP or EVH benefits or no longer possesses a guide dog.

.5 County Responsibility

The County Welfare Department Shall assist the recipient in completing his application for the special allowance when requested to do so.

The County Welfare Department shall assist the Department of Benefit Payments by identifying blind EVH recipients.





CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

This regulation, will not result in any cost to any level of local government.

Approved by:

DAVID B. SWOAP Dimector of Benefit Payments

Approved by:

JAMES E. JENKINS, Secretary Health and Welfare Agency

FORM 400

FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 2 4 1974

Office of Administrative Hearings

APPROVED FOR ILLING (Gov. Code 11380.2) DEC 2 4 1974

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 1 10. 23, 1974

Director

(Title)

In the affice of the Secretary of State of the State of California

DEC 241974

At // 5 o'clock & M

Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Amend: Section 44-333.111

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FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

- 1. On June 11, 1973 the Superior Court of the County of Sacramento issued an injunction in the case of <u>Webb</u> v. <u>Swoap</u> against implementing Section 44-333.111 of the Manual of Policies and Procedures of the Department of Benefit Payments.
- 2. On June 26, 1974 the Appellate Court upheld the injunction of the Superior Court and declared the subject regulation invalid.
- 3. On August 21, 1974 the Supreme Court denied a petition for hearing.
 Therefore, the judgement of the Superior Court and the decision of the
 District Court of Appeals are now effective.
- 4. In order to comply with the order of the Superior and Appellate Courts it is necessary to adopt revised Section 44-333.111 on an emergency basis.

The regulatory changes set forth are adopted as emergency measures to become effective upon filing with the Secretary of State.

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FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-333 OVERPAYMENTS - GENERAL

44-333

AFDC APSB

- .1 Definitions
 - .11 Overpayment

Overpayment occurs if:

he did not meet eligibility requirements on the first of the month for which a payment was made.

Aid paid pending a fair hearing decision is an overpayment and may be recouped only when it results from the recipient wilfully withholding information, or when it is due to any wilfull fraudulent device.

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the Department is complying with the mandate of the courts.

Director of Benefit Payments

Health and Welfare Agency

FORM 400

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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Office of Administrative Hearings

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Office of Administrative Hearings
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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

Dated: (Agency)

By: Lavid B. Swag

Director

(Title)

In the office of the Secretary of State of the State of California

DEC 24 1974

EDMUND G. BROWN Jr., Secretary of State

By Nachows R Skrahhern

Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Repeal: Chapter 15-000

Adopt: Chapters 15-100

15-200

15-300

15-400

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

DIVISION 15 - COUNTY QUALITY CONTROL - CORRECTIVE ACTION PROGRAM

Chapter 15-100 GENERAL

15-105 GENERAL STATEMENT

15-105

The requirements set forth in this Division are necessary to insure commitment to eligibility and grant error reduction in the AFDC program and provide an effective means for intergovernmental participation in the quality control/corrective action process.

Chapter 15-200 ORGANIZATION FOR QUALITY CONTROL/CORRECTIVE ACTION

15-205 ORGANIZATION

15-205

County welfare department shall take the following measures in conjunction with the quality
control/corrective action process specified herein:

- the active participation and commitment of county welfare department top management shall be required throughout the quality control/corrective action process;
- A departmental unit and individual shall be designated by the county welfare department as responsible for each phase of the quality control/corrective action process, and for the total county quality control/corrective action program;
- .3 The county welfare department shall designate an individual as Quality Control Coordinator

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-205 ORGANIZATION (Continued)

15-205

who shall be responsible for coordination

of the program's quality control/corrective

action internally and with the

Department of Benefit Payments;

The error identification function shall be

distinctly separate from the function(s)

of eligibility determination and caseload

maintenance.

Chapter 15-300 THE QUALITY CONTROL/CORRECTIVE ACTION PROCESS

15-305 PROCESS

The county welfare department shall implement a five-phase quality control/corrective
action process meeting the specifications
described below.

A random sample quality control review shall be conducted, to obtain a sample large enough to identify significant error trends at least each six months. Review forms and procedures must comply with Department of Benefit Payments quality control procedures.

Phase Two - Error Analysis

Errors identified in phase one shall be arrayed for analysis by case error rate, dollar error rate, error element and source.

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-320 Phase Three - Corrective Action Planning 15-320

- the county shall plan corrective actions based on error analysis performed in phase two.
- •2 Top management shall make key decisions in planning and implementing corrective actions.
- of the corrective action planning phase, including:
 - .31 Hypotheses as to probable error causes;
 - .32 corrective action alternatives identified;
 - orrective actions selected for implementation, including reasons for selection, cost-benefit analysis where appropriate, implementation timetable and criteria for evaluation of the planned corrective actions.

15-325 Phase Four - Corrective Action Implementation 15-325

- .1 The county shall implement those corrective actions approved by top management.
- .2 The county shall monitor the progress of implemented corrective actions, comparing

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-325 PHASE FOUR - CORRECTIVE ACTION IMPLEMENTATION (Continued)

15-325

actual progress to the scheduled implementation timetable.

15-330 Phase Five - Corrective Action Evaluation 15-330

- .1 The county shall evaluate the effectiveness of implemented corrective actions.
- -2 The method of evaluating corrective actions shall be clearly defined prior to implementation, including cost-benefit follow-up analysis, where applicable.
- •3 The county shall maintain documentation of corrective action evaluation results.

Chapter 15-400 QUALITY CONTROL/CORRECTIVE ACTION PLANS AND REPORTING

15-405 Quality Control/Corrective Action Plans

15-405

County Welfare Departments shall submit a Quality Control/Corrective Action plan to the State Department of Benefit Payments describing the county's development and implementation of a quality control/corrective action program. The plan shall be subject to the approval of the Department of Benefit Payments.

.1 The Quality Control/Corrective Action Plan will include:

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-405 QUALITY CONTROL/CORRECTIVE ACTION PLANS AND REPORTING (Continued) 15-405

- implement all aspects of the quality control/corrective action process, including a description of each phase of the process as it will be implemented in the county;
- the county's operational structure for quality control/corrective action, including identification of the Quality

 Control Coordinator and the units and individuals responsible for each phase of the quality control/corrective action process;
- a description of management involvement in the county's quality control/corrective action activities.

15-410 Reporting

15-410

generated by the quality control/corrective action program, there must be timely and complete reporting in a format approved by the State Department of Benefit Payments.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-410 REPORTING (Continued)

15-410

- .1 The counties shall submit at least quarterly a Quality Control/Corrective Action report to the state containing the following elements:
 - A summary analysis of quality control

 findings and supplementary reviews if
 applicable. Analysis to include major
 concentrations of errors by error element, case error rate, dollar rate, and
 source;
 - •12 Special studies or reports related to the identification of errors and causes as applicable;
 - .13 Statements of the cause(s) of the major concentration of errors;
 - actions, including a description of
 the corrective action selected for each
 of the identified causes of error, costbenefit analysis where applicable, and
 an implementation timetable;
 - effectiveness of planned corrective actions;

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

15-410 REPORTING (Continued)

15-410

.16 Evaluation or status report of corrective actions implemented or in progress

benefits of planned and/or implemented corrective actions, a description of each corrective action, and when the major implementation tasks were completed. The evaluation shall also include a description of realized costs and benefits, where applicable.

The following Chapter is to be repealed effective on the thirtieth day after its filing with the Secretary of State:

Chapter 15-000 ELIGIBILITY CONTROL IN PUBLIC WELFARE

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Section 2231(d) of the Revenue and Taxation Code.

DAVID B. SWOAP

Director of Benefit Payments

JAMES E. JENKINS, Secretary

FORM 400

FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 2 4 1974

Office of Administrative Hearings

TYDORSED DVED FOR HUNG Code 11380.2) DEC 2 4 1974

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

(Agency

Dated:

By: Lavid B. Suge

(Title)

FILED

In the office of the Secretary of State
of the State of California

DEC 24 1974

NUND G. BROTH Jr., Secretary of State

Danuty Socretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Social Welfare hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend:

46-110.1

46-205

46-210.33

46-210.5

46-210.52

46-310.12

46-310.271

46-310.272 46-315.12

46-315.18

46-315.26

46-325

46-325.1

46-325.2

46-325.3

46-325.52

46-326.1

46-326.2

46-425

46-425.12

46-425.21

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-110 RECEPTION AND APPLICATION

46-110

.1 Recipients of Public Assistance under AB, ATD or OAS in December 1973, including individuals who applied for aid in December and met all the conditions of eligibility for payment in that month, will automatically become recipients of payments under the federally-administered SSI-SSP program. An ATD recipient must, in addition to the above, have received a public assistance payment for at least one month prior to July 1973 as well as for December 1973 to be eligible for conversion to the SSI/SSP program.

A new application will not be required.

46-205 ELIGIBILITY - GENERAL

46-205

An individual shall be eligible for the SSP if he meets the eligibility requirements for receipt of benefits under the Federal SSI Program with the exception of income requirements and the value of a home as provided in Section 46-330. An individual may have nonexempt income in excess of the SSI standard and still be eligible for the SSP provided that his nonexempt income is less than the appropriate SSP standard.

For purposes of eligibility for SSP a child shall mean an individual who is neither married nor the head of a household, and who is under the age of 18, or under the age of 22 and a student regularly attending school, college, or university, or a course of vocational or technical training designed to prepare him for gainful employment. Regularly attending school is defined as eight semester or quarterly hours weekly in a college or university; 12 hours weekly in a secondary school. In a course of vocational or technical training, 15 clock hours weekly are required; without shop practice at least 12 hours weekly are required.

In addition, whenever reference is made to an eligible spouse, it means an aged, blind, or disabled individual who is the husband or wife of another aged, blind, or disabled individual and who has not been living apart from such other aged, blind, or disabled individual for more than six months.

Both eligibility for and the amount of benefits shall be determined quarterly, and shall be the responsibility of the Federal Social Security Administration.

FORM_400A

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-210 ELIGIBILITY - FACTORS FOR SSP (Continued)

46-210

.33 He is permanently and totally disabled as defined under a state plan approved under Title XIV as in effect for October 1972 and received aid under such plan (on the basis of disability) for at least one month prior to July 1973 and for December 1973, as long as he is continuously disabled as so defined.

46-210 ELIGIBILITY FACTORS FOR SSP (Continued)

46-210

.5 Property

Each aged, blind, or disabled individual whose eligibility for aid commences on or after January 1, 1974, may have nonexcludable resources not in excess of \$1,500 and be eligible. An individual who is living with either an eligible or ineligible spouse may have nonexcludable resources not in excess of \$2,250 and remain eligible. The \$2,250 includes the resources of such spouse. The resources of a recipient child ______ who is living with his parent, parents, or parent and spouse of parent, is deemed to include that portion of the nonexcludable resources of his parent(s) and spouse of parent which exceeds \$1,500 in the case of one parent, or \$2,250 in the case of two parents or parent and spouse. These amounts reflect Federal property regulations effective January 1, 1974. For the purposes of this regulation, a recipient child is a person under age 18 or under 21 if unmarried and regularly attending school. See Section 46-205.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-210 ELIGIBILITY-FACTORS FOR SSP (Continued)

46-210

.5 Property (Continued)

Individuals receiving AB, ATD, OAS, in December 1973 including individuals who applied for aid in December and met all the conditions of eligibility for payment in that month, will continue to be subject to the property limitations in effect in December 1973. However, if an individual would be advantaged under the new Federal property regulations, his continued eligibility shall be based on the new Federal property regulations summarized herein.

46-210 ELIGIBILITY - FACTORS FOR SSP

46-210

.52 Disposition of Resources

An individual may be eligible for SSP for a period of short duration even though his property holdings exceed the limits imposed in .5 above. However, in no event shall total includable resources, other than a home, exceed \$3,000 for an individual or \$4,500 for an individual and a spouse; total includable liquid resources shall not exceed \$390 for an individual or \$585 for an individual and spouse. The applicant or recipient must agree in writing to dispose of the excess resources (see time limit below) and repay any overpayments with the proceeds.

During the period that the excess property is held and is being disposed of, in accordance with the individual's agreement to dispose of the property, any public assistance payments made are considered to be overpayments.

The net proceeds from the disposition of the excess property is considered to be available for liquidation of overpayments occurring during the disposition period in accordance with HEW regulations.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-210 ELIGIBILITY - FACTORS FOR SSP (Continued)

46-210

.52 <u>Disposition of Resources</u> (Continued)

The disposition of the excess property must be accomplished within a sixmonth period in the case of real property and within three months in the case of personal property. The time period begins on the date the agreement is signed by the individual. However, in the case of an individual who is disabled, the time period will begin on the date of the disability determination. The time limits may be extended for another three months where it is found that the individual had "good cause" for failing to dispose of the property within the original time period. "Good Cause" exists if, despite reasonable and diligent effort on his part, he was prevented by circumstances beyond his control from disposing of the property.

46-310 INCOME - DEFINITIONS

46-310

.12 Net Earnings from Self-employment

Net earnings are determined by deducting from gross earnings from self-employment all ordinary and necessary business expenses. Principal payments on encumbrances and personal income taxes are not considered expenses. Schedules attached to Form 1040 of the IRS for various types of self-employment may be used to verify allowable expenses.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-310 INCOME - DEFINITIONS (Continued)

46-310

income of the ineligible spouse is the amount remaining after deducting \$73 for the ineligible spouse plus \$65 for each dependent ineligible child. If the income of the ineligible spouse includes earned income, such earned income shall be reduced by \$65 prior to deducting the \$73 the ineligible spouse is allowed to retain. However, if the ineligible spouse is a recipient of AFDC, or any part of the ineligible spouse's income is included in determining eligibility and grant amount for AFDC no portion of his income shall be deemed available to the SSP individual.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-310 INCOME - DEFINITIONS (Continued)

46-310

The amount which is deemed available to the individual who is a child from the income of his parent(s) or parent and parent's spouse is the amount remaining after deducting \$146 for one parent, \$73 for the other parent or spouse of parent, and \$65 for each dependent ineligible child. If the income of the parent(s) or parent and spouse of parent includes earned income such earned income shall be reduced by \$65 prior to determining the amount of income the parents or parent and spouse of parent is (are) allowed to retain. However, if the income of the parents or parent and parent's spouse is included in determining eligibility and grant for AFDC, no portion of his (their) income shall be deemed available to the SSP individual. For the purpose of this regulation a recipient child is a person under age 18 or under 21 if unmarried and regularly attending school. See Section 46-205.

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-315 PAYMENTS EXCLUDED OR DISREGARDED IN CONSIDERING INCOME

46-315

.l <u>Income Exclusions</u>

.12 Assistance Based on Need

Assistance based on need which is furnished by the State or any political jurisdiction thereof in supplementation of benefits. Payments made under this subsection, in order to be excluded as income must

- .121 Be issued as an addition to Federal benefits increasing the amount of income available to the recipient to meet his needs, and
- .123 Be made in cash, which may be actual currency or any negotiable

 instrument, and
- .124 Be issued in an amount based on the need or income of an individual or couple.
- 46-315 PAYMENTS EXCLUDED OR DISREGARDED IN CONSIDERING INCOME (Continued)

46-315

.18 Payments made from any source to a vendor in order to meet the needs of the recipient as determined by the county welfare department. This shall include, but not be limited to, payments from any source to provide required adequate care in a nonmedical out-of-home care facility which would not be available to the recipient unless payment beyond the established assistance allowance is made.

DO NOT WRITE IN THIS SPACE

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-315 PAYMENTS EXCLUDED OR DISREGARDED IN CONSIDERING INCOME (Continued)

46-315

.26 Income Necessary to Achieve Self-Support

Earned or unearned income not disregarded above and received by an individual who is blind or disabled as defined in Sections 46-210.2 and .3 to the extent that such income is needed to implement a plan of self-support. Such plan must be in writing and approved by SSA. It must contain the following elements:

- .261 Specific savings and/or disbursement goals for a designated occupational objective, and
- .262 Identification and segregation of such money and other resources as are being accumulated and conserved toward this goal.

46-325 BENEFIT LEVELS

46-325

The individual or individual and spouse (couple) eligible to receive SSP payments shall receive an amount which when added to his or their SSI benefit, if any, and income less allowable disregards, if any, will equal the following, as appropriate to his or their situation: (See Section 46-605 for benefit levels for couples separated less than six (6) months.)

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46.	-325 BENEFIT LEVELS (Continued)		46-325
.1	Eligible Individual	Benefit Level	
	Aged or Disabled	\$235	
	Blind	265	
	A disabled Minor under 18, or under		
	21 if unmarried and attending school		*
	full time, Living with a Parent or		
	Guardian or Relative by Blood or		
	Marriage	213	
.2	Eligible Couple		
	Both of whom are Aged or Disabled, or	440	,
	Both of Whom are Blind, or One Blind -	<u>[\$530</u>	,
SPACE	and the Other Aged or Disabled, or	\$500	ı
SIHIZ	Both of Whom are Residents in an		
WRITE IN	Out-of-Home Care Facility	<u>566</u>	
M 100 00 3	Resident of Nonmedical "Out-of-Home Care"	Facility	
	•	Minimum	Maximum
	For Board and Room (Shelter and Food)	\$ <u>121</u>	\$ <u>121</u>
	For Care and Supervision	104	<u>129</u>
;	For Personal and Incidental Needs		
	of the Recipient	<u>58</u> *	<u>33</u> *
	Total Allowance	\$ <u>283</u>	\$ <u>283</u>
	*If these needs are provided in whole or i	n part by the faci	lity under an
	agreement between the recipient and the fa	acillity, the recipi	ent may need to

use all or a portion of this allowance to pay the facility for these services.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

"Out-of-home care" as used herein is a protective living arrangement outside the individual's own home where, as a minimum, he receives board, room, personal care, and designated supplementary services related to his individual needs.

"Out-of-home care" within the scope of these regulations is nonmedical and includes care provided in facilities licensed to provide residential care.

Homes or other facilities which provide personal care and supervision may be unlicensed if:

- a. It is the home of a relative. A relative for purposes of this regulation is defined as a spouse, parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person of the preceding generation denoted by the prefix "grand" or "great", or,
- b. It is a home in which a child has been placed by a court under W&I Code 727(a), or
- c. It is an "exclusive use home" approved by a licensed home finding agency, i.e., Childrens' Home Society.

The county welfare department is responsible for determining recipients or applicants need for "Out-of-home care" and submitting certification of the need on Form SSA 8221, to the Social Security Administration according to procedures established by the State Department of Benefit Payments.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

		_
46-325	BENEFIT LEVELS (Continued)	46-325
.52	Mandatory State Supplementation	· · · · · · · · · · · · · · · · · · ·
•	A recipient of OAS, ATD, or AB for the month of December 1973 sha	11
	receive a minimum state supplementary payment which when added to	his
٠	SSI payment (if any) and net nonexempt income as determined pursu	uant
	to December 1973 regulations is equal to the total of such recip	ient's
	cash grant and net nonexempt income for December 19	73.
	If the state supplementary payment determined under this subsect	i on
	is greater than the amount the recipient would be eligible to rec	ceive ·
	under Sections 46-325.1, .2, .3, or .4, he shall receive the greater	ater
	amount.	

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-326 ALLOWANCE FOR RESTAURANT MEALS (Continued)

·· 46-326

.l Certification

Certification will be made on Form SSA 1620 CI (to be renumbered SSA 8221 CA)

when requested by SSA and forwarded to the local SSA office at the following times:

- .11 Upon application for the allowance; and
- .12 When the living arrangement changes.

.2 Recertifications

reevaluate no less than once a year. Recertifications on Form SSA 8221 CA shall be made when the reevaluation indicates changed circumstances or when requested by SSA.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES

46-425

County welfare departments will administer this section including establishment of eligibility and payments of benefits.

Benefits under this section are payable only for expenditures incurred by SSP recipients. No payment shall be made for any need which can be met without cost to the recipient. County payments made to recipients must be made not later than thirty days after the vendor's bill is presented to the county by the recipient. Bills presented cannot be paid by counties without prior county authorization.

Special circumstances are those circumstances which are not common to all recipients and which arise out of a need for certain goods or services, and physical infirmities or other conditions peculiar on a nonrecurring basis to the individual's or couple's situation. There are several categories of special circumstances detailed below.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.12 Clothing

When all or a portion of a recipient's clothing is lost, damaged, or destroyed in a catastrophe, such as fire, flood, etc., the cost of the replacement shall be allowed; the allowance, however, is not to exceed a reasonable amount for which needed items can be purchased, or a total amount of \$113 for a recipient, whichever is less. Prior authorization need not be obtained for purchase of clothing in an emergency situation when an invoice is presented. The existing emergency must be verified.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.2 Other Nonrecurring Special Circumstances

.21 Required Housing Repairs

For purposes of this section, housing includes a dwelling and the land on which it is situated.

When housing is owned and repairs are necessary to provide safe and healthful housing for a recipient or recipient couple, and the total cost of such repairs exceeds \$10°, the cost shall be allowed.

The allowance is not to exceed a reasonable amount for which adequate repairs can be made. The total allowance for repairs in any 12-month period shall not exceed \$200°. When ownership of the housing is shared with a non-recipient (including a non-recipient spouse) the recipient's or recipient couple's prorated portion of the cost of the repairs, up to the \$200 cost limit, is allowed.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following sections are to be repealed thirty days after filing with the Secretary of State:

Repeal:	Sections	46-410	Recoveries from Responsible Relatives of
			Aged Recipients
		46-412	Responsible Relatives - Definitions
		46-414	Responsibility of Adult Child
		46-416	Procedure for Determining Nonliability or
			Liability of an Adult Child
		46-425.4	Special Need for Property Taxes

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation implements a mandate previously enacted by statute (Chapter 1216, Statutes of 1973-74).

DAVID B. SWOAP

Director of Benefit Payments

JENKONS,

Health and Wellare Agency

Secretary

- - 7 Form 400

FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Copy below is hereby certified to be a true

RECEIVED FOR FILING

DEC 2 4 1974

Office of Administrative Hearings

ENDOPSED APPROVED FOR TILING (Gov. Codo 11380.2) DEC 2 4 1974

Office of Administrative Hearings

and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

Dated: 23, 1977

Director

(Title)

in the office of the Secretary of State
of the State of California

DEC 2 4 1974

MUND G. BROUNG J., Secretary of State

Doputy Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Repeal: Section 22-022.6

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

2

The following regulation is to be repealed effective on the thirtieth day after the order is filed with the Secretary of State:

Section 22-022.6 TIMELY NOTICE - ASSISTANCE PENDING HEARING

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because this regulation implements a court order.

DAVID B. SWOAP

Director of Benefit Payments

Health and Welfare Agency



(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 3 1 1074

Office of Administrative Hearings

APPROVED FOR FILING (Gov. Codo 11380.2) DEC 3 1 1974

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

(Agency)

Dated: Dec 31, 1977

By: Lauid B. Sweep

Director

(Title)

in the office of the Scaretry of State of the State of Califer in

DEC 3 1 1974

At 1:30 o'clock P M.
DMUND G. BROWN J., Sci /

Darbury Secretary of Comp

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Amend: Section 63-3200

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

- 1. FNS has mandated per letter received by the Department of Benefit Payments on November 15, 1974 that the State will implement expanded food stamp basis of issuance tables on January 1, 1975 in accordance with FNS (FS) Instruction 732-1, paragraph 2340.
- 2. The attached regulation changes will implement this federal mandate.
- 3. Since there is insufficient time to implement these regulation changes by January 1, 1975, under the non emergency provisions of the Administrative Procedures Act, it is necessary to adopt the attached regulations on an emergency basis.

The attached regulations are adopted on an emergency basis to become effective on January 1, 1975.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE

State of California Health and Welfare Agency 63-3200

Department of Benefit Payments January 1, 1975

Table 1

FOOD STAMP PROGRAM

Household Size	1	2	. 3	4	.5
Coupon Allotment	\$46	\$84	\$122	\$154	\$182
Adjusted				7127	3102
Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
0- 19.99	\$ 0	\$ 0	\$ 0	: \$0	\$ 0
20- 29.99	1	i i I	Ťŏ	l č	Ö
30- 39.99	4	4	4	4 4	<u> </u>
40- 49.99	6	7	7	7	8
50- 59.99	8	10	1,0	10	11
60- 69.99	10	12	13	13	14
70- 79.99	12	15	16	16	17
80- 89.99	14	18	19	19	20
90- 99.99 100- 109.99	16	21	21	22	23
10- 119.99	18	23 26	24	25	26
20- 129.99	21 24	26 29	27	28	29
30- 139.99	27	32	30	31	33
140- 149.99	30	35	36	37	36 39
50- 169.99	33	38	40	4	42
70- 189.99	36	44	46	47	48
90- 209.99	36	50	52	53	54
10- 229.99	1/	56	58	59	60
30- 249.99	_	62	64	65	66
50- 269.99		64	70	71	72
70- 289.99	1	7	76	77	78
90- 309.99			82	83	84
10- 329.99 30- 359.99	1	1	88 94	89	90
60- 389.99			100	95	96
90- 419.99			104	104 113	105
20- 449.99				122	114
50- 479.99	1	11	1/	130	123 132
80- 509.99				130	141
10- 539.99	11	.		1 1/	150
40- 569.99		· · · · · · · · · · · · · · · · · · ·	····	 	154
70- 599.99		H		(I II	154
00- 629.99	II			1	1/

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income										
Household Size	1	2	3	4	5	6	7	8	9	10*
Adjusted Monthly Net Income	\$194	280	406	513	606	700	793	886	959	1,032

^{*}For Each Additional Person in Excess of 10 Add \$73.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 1

FOOD STAMP PROGRAM -

COUPON ALLOTMENT	S PHRCHASE REOU	Month REMENTS (BASED (ly ON MONTHLY ADJUST	ED NET INCOME)	
Househo1d	•	7	8	9	
Size Coupon	6 \$210	\$238	\$266	\$288	\$310
Allotment Adjusted	3210				Manah las
Monthly	Monthly	Honthly	Monthly	Monthly Purchase	Monthly Purchase
Net Income	Purchase	Purchase	Purchase	\$ 0	\$ 0
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	, ,	. 0
20- 29.99	0	0	0		5
30- 39.99 40- 49.99	8	5 8	5 8	8	8
50- 59.99	11	12	12	12 16	12 16
60- 69.99	14	15	16	19	19
70- 79-99 80- 89-99	17 21	21	22	22	22
90- 99.99	24	25	26	26	26 29
100- 109.99	27	28	29	29 33	33
110- 119.99	31	32 35	33 36	36	36
120- 129.99	34	38	39	39	39
130- 139.99 140- 149.99	40	41	42	42	<u>42</u> 45
150- 169.99	43	44	45	45 51	51
170- 189.99	49	50	51 57	57	57
190- 209.99	55	56 62	63	63	63
210- 229.99 230- 249.99	61	68	69	69	69
250- 269.99	73	74	75	75	75
270- 289.99	79	80	81	81 87	81 87
290- 309.99	85	86	87	93	93
310- 329.99	91	92 98	93 99	99	99
330- 359.99 360- 389.99	97	107	108	108	108
390- 419.99	115	116	117	117	117
420- 449.99	124	125	126	126 135	135
450- 479.99	133	134	135	144	144
480- 509.99	142 151	143 152	153	153	153
510- 539.99 540- 569.99	160	161	162	162	162
570- 599 . 99	169	170	171	171 180	171
600- 629.99	178	179	180 189	189	189
630- 659.99	178	188	198	198	198
660- 689.99 690- 719.99	178	202	207	207	207
720- 749.99		202	216	216	216 225
750- 779.99		202	225	225	234
780- 809.99	7.7	1/	226 226	243	243
810- 839.99		-	226	244	252
840- 869.99 870- 899.99	\	. ,	1/	244	261
900- 929.99	 	-		244	262 262
930- 959.99			1	1/	262
960- 989.99		1	ll i		262
990-1019.99		-		1	1/
1020-1049.99	İ	H	I	1	<u> </u>

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

0

4

67042-750 8-72 35M OSP

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 1

FOOD STAMP PROGRAM MONTHLY

Household	1		1,	14	15
Size	11	12	13		
Coupon		\$354	\$376	\$398	\$420
Allotment	\$332	3354			
Adjusted		Monthly	Monthly	Monthly	Monthly -
Monthly	Monthly Purchase	Purchase	Purchase	Purchase	Purchase
Net Income				\$ 0	\$ 0
0- 19.99	\$ 0	\$ 0	\$. O	0	0
20- 29.99	0	5	. 5	5	5
30- 39-99	5	. 8	8	8	8
40- 49-99	8	12	12	12	12
50- 59-99	12 16	iê	16	16	16
60- 69-99	19	19	19	19	19
70- 79.99 80- 89.99	22	22	22	22	22 26
90- 99-99	26	26	26	26	29
100- 109-99	29	29	29	29	33
110- 119.99	33	33	33	33	36
120- 129.99	36	36	36	36 39	39
130- 139.99	39	39	39	- 39 42	42
140- 149.99	42	42	42	45	45
150- 169.99	45	45	45 51	51	51
170- 189.99	51	51	57	57	57
190- 209.99	57	57	63	63	63
210- 229.99	63	63	69	69	69
230- 249.99	69	69 75	75	1 75	75
250- 269.99	75 81	81	 8 1	81	81
270- 289.99		87	87	87	87
290- 309-99 310- 329-99	87	93	93	93	93
330- 359.99	93	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126 135	135
450- 479.99	135	135	135	144	144
480- 509.99	144	144	144	153	153
510- 539.99	153	153	153	162	162
540- 569.99	162	162	171	171	171
570- 599.99	171 —	171 180	180	180	180
600- 629.99	180	189	189	189	189
630- 659.99	189 198	198	198	198	198
660- 689.99	207	207	207	207	207
690- 719-99 720- 749-99	216	216	216	216	216
750- 779-99	225	225	225	225	225
780- 809.99	234	234	234	234	243
810- 839.99	243	243	243	243	252
840- 869.99	252	252	252	252 261	261
870- 899.99	261	261	261	270	270
900- 929-99	270	270	270	279	279
930- 959-99	279	279	279	288	288
960- 989.99	280	288	297	297	297
990-1019,99	280	297			306 315
1020-1049.99	280 280	298	306 315	306 315	315

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 1

	•	*	FOOD STAMP Month	lv '		
1	COUPON ALLOTMENT	S, PURCHASE REQU	HREMENTS (BASED	ON MONTHLY ADJU	STED NET INCOME)	
	Household Size	. 11	12	13	14.	15
,	Coupon Allotment	\$332	\$354	\$37.6	\$398	\$420
		Monthly	Monthly	Honth1y	Monthly	Monthly
-	Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
	1080-1109.99 1110-1139.99	. <u>1</u> / ·	298 298	316 316	324 333	324 333
•	1140-1169.99 1170-1199.99		298 298	316 316	334 334	342 351
-	1200-1229.99		7/.	316	334	352
-	1230-1259-99			316	334	352
	1260-1289.99 1290-1319.99			1/	334 334	352 352
_	1320-1349.99 1350-1379.99				334	352 352
-	1380-				#	352
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For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table I

FOOD STAMP PROGRAM Monthly

UPON ALLOTMENT	rs, PURCHASE REQU	TREMENTS (BASED	UN MUNITEL AUGUS	TES NET THEORIET	
Household Size	16	17	18	19	20
Coupon	\$442	\$464	\$486	\$508	\$530
Allotment Adjusted	Monthly	Monthly	Monthly	Monthly	Honthly
Monthly	Purchase	Purchase	Purchase	Purchase	Purchase
Net Income			\$ 0	\$ 0	\$ 0
0- 19.99 20- 29.99	\$ O O	\$ 0 0	0	0	0
30- 39-99	5	5	5	5	5 8
40- 49-99	8	8	8	8	12
50- 59.99	12	12	12 16	16	16
60- 69.99	16	16		19	19
70- 79.99	19	- 19	19 22	22	22
80- 89-99	22	22	26	26	26
90- 99.99	26	29	29	29	29
100-109.99	29	33	33	33	33
110- 119.99 120- 129.99	33 36	36	36	36	36
130- 139-99	'39	39	39	39	39 42
140- 149-99	42	42	42	42	45
150- 169.99	45	45	45	45	
170- 189.99	51 57	51 57	51	51	51 57
190- 209.99			63	63	63
210- 229.99	63	63	69	69	69
230- 249.99	69	75	75	75	75
250- 269.99	75	81	81	81	81
270- 289-99	87	87	87	87	87
290- 309-99 310- 329-99	93	93	93	93	93
330- 359.99	99	99	99	99	99 108
360- 389.99	108	108	108	108	117
390- 419.99	117	117	117	117	126
420- 449.99	126	126	126	135	135
450- 479.99	135	135	135	144	144
480- 509-99	144	144	153	153	153
510- 539.99	153	153	162	162	162
540- 569.99	162	171	i7i	171	171
570- 599.99 600- 629.99	171	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	207
690- 719.99	207	207	207	207	216
720- 749.99	216	216	216	216	225
750- 779.99	225	225	225	234	234
780- 809.99	234	234 243	243	243	243
810- 839.99	243	252	252	252	252
840- 869.99	252	261	261	261	261
870- 899.99 900- 929.99		270	270	270	270
930- 959-99	270 279	279	279	279	279
960- 989.99	288	288	288	288	288
990-1019-99		297	297	297	306
1020-1049-99	306	306	306	306 315	315
1050-1079-99	` I 51r	315	315		_11

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 1

FOOD STAMP PROGRAM MONTHLY

COUPON ALLOTMENTS.	PURCHASE	REQUIREMENTS	(BASED ON	MONTHLY	ADJUSTED	NET INCOME)

Household Size	16	17	18	19	20
Coupon	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Allotment	\$442	\$464	\$486	\$508	\$530
Adjusted	Manak I	M463			
Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
080-1109.99	324	324	324	324	324
110-1139.99	333	333	333	333.	333
140-1169.99	342	342	342	342	342
170-1199.99 200-1229.99	351 360	351 360	351 360	351	351
230-1259.99	369	369	369	360 369	360 369
260-1289.99	370	378	378	378	378
290-1319.99	370	387	387	387	370 387
320-1349.99	370	388	396	396	396
350-1379.99	370	388	405	405	405
380-1409.99	370	388	406	414	414
410-1439.99	370	388	406	423	423
440-1469.99	370	388	406	424	432
470-1499.99	370	388	406	424	441
500-1529.99	1/	388	406	424	442
530-1559.99		388	406	424	442
60-1589.99	`	<u>1</u> /	406	424	442
90-1619.99			406	424	442
20-1649.99 550-1679.99			⊻ .	424	442
80-1709.99				424 424	442
710-1739.99			į į	1/	442 442
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^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 ... Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)								
Household Size	1	2	3	4	5			
Coupon Allotment	\$35	\$63	\$92	\$116	\$137			
Adjusted Monthly	Three Quarter-	Three Quarter-	Three Quarter- Monthly	Three Quarter-	Three Quarter- Monthly			
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase			
\$ 0- 19.99 20- 29.99	\$ 0.00 0.75	\$ 0.00 0.75	\$ 0.00 0.00	\$ 0.00°	\$ -0.00 0.00			
30- 39.99	3.00	3.00	3.00	3.00 5.25	3.75			
40- 49-99	4.50 6.00	5.25 7.50	5.25 ·	7.50	8,25			
50- 59.99 60- 69.99	7.50	9.00	9.75	9.75	10.50			
70- 79.99	9.00	11.25	12.00	12.00	12.75			
80- 89-99	10.50	13.50	14.25	14.25	15.00			
90- 99.99	12.00	15.75 17.25	15.75 18.00	16.50 18.75	17.25 19.50			
100-109.99	13.50	19.50	20.25	21.00	21.75			
110- 119.99 120- 129.99	18.00	21.75	22.50	23.50	24.75			
130- 139.99	20.25	24.00	24.75	25.50	27.00			
140- 149.99	22.50	26.25	27,00	27.75	29.25			
150- 169.99	24.75	28.50	30.00	30.75	31.50 36.00			
170-189.99	27.00	33.00	34.50	35.25 39.75	40.50			
190- 209.99	1/	37.50 42.00	39.00 43.50	44.25	45.00			
210- 229.99 230- 249.99	 	46.50	48.00	48.75	49.50			
250- 269.99		48.00	52.50	53.25	54.00			
270- 289.99	 	1/	57.00	57.75	58.50			
290- 309.99	<u> </u>		61.50	62.25	63.00			
310- 329.99		H	66.00 70.50	66.75 71.25	72.00			
330- 359.99	 	 	75.00	78.00	78.75			
360- 389.99 390- 419.99	1	<u> </u>	78.00	84.75	85.50			
420- 449.99	1	1	1/	91.50	92.25			
450- 479.99	J	1		97.50	99.00			
480- 509.99		If		97.50	112.50			
<u>510- 539.99</u>		 	-	 	115.50			
540- 569.99 570- 599.99	1				115.50			
600- 629-99		#	1		1/			
		·	<u> </u>	<u> </u>	Ц			

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income										
Household Size	1	2	3	4	5	6	7	8	9	10*
Adding to Manage live	\$194	280	406	513	606	700	793	886	959	1,032

^{*}For Each Additional Person in Excess of 10 Add \$73.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 2

FOOD STAMP PROGRAM

UPON	ALLOTMENTS	, PURCHASE REQU	Three Quarte	SULDA YJHTHOM NO	TED NET INCOME)	
Hou	sehold ize	6	7	8	9	10
Co	ироп	6159	\$179	\$200	\$216	\$233
	otment	\$158 Three Quarter-	Three Quarter-	Three Quarter-	Three Quarter-	Three Quarter
	usted	Month 1	Monthly	Monthly	Monthly	Monthly
	Income	Purchase	Purchase	Purchase	Purchase	Purchase_
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
0- 20-	29.99	0.00	0.00	0.00	0.00	3.75
30-		3.75	3.75	3.75	3.75 6.00	6.00
40-		6.00	6.00	6.00	9,00	9.00
50-	59.99	8.25	9.00	9.00 12.00	12.00	12.00
60-		10.50	11.25	14.25	14.25	14.25
70-		12.75	15.75	16.50	16.50	16.50
80-		15.75	18.75	19.50	19.50	19.50
90-		18.00 20.75	21.00	21.75	21.75	21.75
100- 110-		23.25	24.00	24.75	24.75	27.00
	129.99	25.50	26,25	27.00	27.00	29.25
	- 139.99	27.75	28.50	29.25	29.25 31.50	31.50
	- 149.99	30.00	30.75	31.50	33.75	33.75
150	- 169.99	32.25	33.00	33.75 38.25	38.25	38.25
170	- 189.99	36.75	37.50	42.75	42.75	42.75
	- 209.99	41.25	42.00 46.50	47.25	47.25	47.25
	- 229.99	45.75	51.00	51.75	51.75	51.75
	- 249.99	50.25	55.50	56.25	56.25	56.25
	<u>- 269.99</u>	54.75 59.25	60.00	60.75	60.75	60.75
	- 289.99	63.75	64.50	65.25	65.25	65.25
	- 309.99 - 329.99	68,25	69.00	69.75	69.75	74.25
	- 359.99	72.75	73.50	74.25	74.25	81.00
	- 389.99	79.50	80.25	81.00	87.75	87.75
390	- 419.99	86.25	87.00	87.75 94.50	94.50	94.50
	- 449.99	93.00	93.75	101.25	101.25	101.25
	- 479.99	99.75	100.50	108.00	108.00	108.00
	509.99	106.50	114.00	114.75	114.75	114.75
	0- 539.99 0- 660.99	113.25	120.75	121.50	121.50	121.50
	0- 569.99 0- 599.99	126.75	127.50	128.25	128,25	135.00
	0- 629.99	133.50	134,25	135.00	135.00 141.75	141.75
	0- 659.99	133.50	141.00	141.75	148.50	148.50
66	0- 689.99	133.50	147.75	155.25	155.25	155.25
	0- 719.99	<u> </u>	151.50	162.00	162.00	162.00
	0- 749.99	-	151.50 151.50	168.75	168.75	168.75
	<u>0- 779.99</u>		151.50	169.50	175.50	175.50
	0- 809.99	ł	1/	169.50	182.25	182.25
	0- 839.99 0- 869.99	·		169.50	183.00	195.75
	0- 899.99	1			183.00	196.50
	0- 929.99	- 	1	\ }	183.00 183.00	196.50
	0- 959.99	l			17	196.50
	0- 989.99			11) ''	196.50
99	1019.99					196,50
	20-1049.99	1		ll∮	11	1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed

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FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Department of Benefit Payments
January 1, 1975
Table 2

State of California Health and Welfare Agency

FOOD STAMP PROGRAM THREE QUARTER-MONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) 15 Household 12 11. Size \$299 \$282 Coupon Three Quarter-\$266 Three Quarter \$249 Three Quarter Allotment Three Quarter-Month1y Three Quarter Monthly Monthly Adjusted Monthly Purchase Monthly Purchase Purchase Monthly Purchase 0.00 Purchase \$ 0.00 Net Income 15 0.00 0.00 0.00 0.00 0.00 \$ 19.99 0.00 0-3.75 6.00 0,00 3.75 6.00 0.00 .. 3.75 6.00 29.99 3.75 3.75 6.00 39.99 49.99 30-6.00 9.00 9.00 40-9.00 9.00 12.00 59.99 69.99 9,00 12,00 50-12.00 12.00 14.25 12.00 14.25 60-14.25 14.25 14.25 16.50 70-79.99 16.50 16.50 19.50 16.50 19.50 19.50 21.75 80-89.99 19.50 21.75 21.75 19.50 99.99 24.75 21.75 24.75 100- 109.99 24.75 24.75 27,00 24.75 27.00 110- 119.99 27.00 27.00 29.25 27.00 29.25 120- 129.99 130- 139.99 29.25 29.25 31.50 29.25 31.50 33.75 31,50 33.75 140- 149-99 31.50 33.75 33.75 38.25 150- 169.99 170- 189.99 33.75 38,25 38,25 42.75 38.25 42.75 38,25 42.75 42.75 47.25 47.25 190- 209.99 42.75 47.25 47.25 51.75 47.25 51.75 210- 229.99 51.75 51.75 56.25 230- 249.99 51.75 56.25 60.75 56.25 250- 269.99 60.75 56.25 60.75 60.75 65.25 60.75 270- 289.99 65.25 69.75 65,25 65.25 69.75 290- 309.99 69.75 69.75 69.75 74.25 310- 329.99 81.00 81.00 330- 359.99 81.00 81.00 87.75 81.00 87.75 360- 389.99 94.50 87.75 87,75 94.50 390- 419.99 94.50 101 25 108.00 94.50 101.25 94.50 420- 449.99 101.25 101.25 108.00 101,25 450- 479.99 108.00 114.75 108.00 114.75 114.75 480- 509.99 121.50 114.75 121.50 114.75 . 121.50 510- 539.99 540- 569.99 121.50 128.25 121.50 128,25 135.00 128,25 135.00 128,25 135.00 141.75 148.50 570- 599-99 600- 629-99 135.00 135.00 141.75 148.50 <u>141.75</u> 148.50 630- 659.99 660- 689.99 141.75 155.25 155.25 162.00 155.25 162.00 148.50 155.25 162.00 162.00 155.25 162.00 690- 719.99 720- 749.99 168,75 168.75 175.50 168.75 175.50 168.75 168.75 750- 779.99 175.50 182.25 175.50 175.50 182.25 780- 809.99 182.25 189.00 182.25 189.00 182,25 810- 839.99 189.00 195.75 189.00 195.75 189.00 840- 869.99 195.75 202.50 195.75 202.50 195.75 870- 899.99 202.50 209.25 202.50 202.50 209.25 209.25 216.00 900- 929.99 209.25 216.00 930- 959.99 960- 989.99 209.25 222.75 222.75 210.00 222.75 229.50 222.75 210.00 229.50 990-1019.99 229.50 236.25 223.50 223.50 210.00 1020-1049.99 236.25 210,00 1050-1079.99

(Pursuant to Government Cade Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 2

FOOD STAMP PROGRAM
THREE OUARTER-HONTHLY

COUPON ALLOTMENT	S PURCHASE REOU	THREE QUARTI	ER-MONTHLY ON MONTHLY ADJUS	STED NET INCOME)	
Household	3, ronomoc mee			ll	
Size	11 -	12	13	14	15
Coupon	\$249	\$266	\$282	\$299	\$315
Allotment Adjusted	Three Quarter-	Three Quarter-	Three Quarter-	Three Quarter-	Three Quarter-
Monthly	Monthly	Monthly	Monthly	Monthly	Monthly Purchase
Net Income	Purchase	Purchase	Purchase	Purchase	
1080-1109.99	1/	<u> </u>	237.00	243.00 249.75	243.00 249.75
1110-1139.99			237.00	250.50	256.50
1140-1169.99		1	237.00	250,50	263.25
1170-1199.99		 	237.00	250.50	264.00
1230-1259.99		1	237.00	250.50	264.00
1260-1289.99	· · · · · · · · · · · · · · · · · · ·		1/	250.50	264.00
1290-1319.99		l		250 .50	264.00
1320-1349.99				1/	264.00
1350-1379.99 1380-1409.99		 	 	}	1/
1300-1409-99		{ }		1	<u> </u>
		 	 	 	
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^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

(Pursuant to Government Code Section 11380.1)

Department of Benefit Payments January 1, 1975 Table 2

State of California Health and Welfare Agency

AND WATER OF FOOD STAMP PROGRAM.
THREE QUARTER-MONTHLY to the first COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME) 20 Household 17 16 \$398 Size \$381 \$365 Three Quarter-Coupon \$348 Three Quarter-\$332 Three Quarter Allotment Monthly_ Three Quarter-Monthly Three Quarter-Monthly Adjusted Purchase Monthly Purchase Monthly Purchase Monthly Purchase \$ 0.00 Purchase \$ 0.00 \$ 0.00 Net Income 0.00 0.00 0.00 \$ 0.00 0.00 0- 19.99 3.75 0.00 3.75 0.00 3.75 6.00 29.99 20-3.75 6.00 3.75 6.00 30- 39-99 9.00 6.00 9.00 6.00 9.00 40-49.99 12,00 9.00 12.00 9.00 59.99 12,00 14.25 50-12.00 14.25 12,00 14.25 16.50 69.99 60-14.25 16.50 14.25 79.99 16.50 19.50 70-16.50 19.50 16.50 19.50 89.99 80-_ 21.75 19.50 21.75 19.50 90- 99.99 <u> 21.75</u> 24.75 21.75 24.75 21.75 24.75 100- 109.99 24.75 27.00 24.75 27.00 110- 119.99 29.25 27.00 29.25 27.00 31.50 33.75 29.25 120- 129-99 31.50 33.75 29.25 29.25 31.50 33.75 130- 139.99 31.50 31.50 140- 149.99 38.25 33.75 38.25 150- 169.99 42.75 38.25 42.75 42.75 47.25 51.75 170- 189-99 42.75 42.75 190- 209-99 47.25 51.75 210- 229.99 56.25 56.25 51.75 56.25 230- 249.99 56.25 60.75 60.75 250- 269.99 270- 289.99 <u>56.25</u> 60.75 65.25 69.75 60.75 60.75 65,25 65.25 69.75 290- 309.99 310- 329.99 65.25 69.75 69.75 69.75 81.00 74.25 81.00 330- 359.99 360- 389.99 74.25 81.00 87.75 94.50 81.00 81,00 87.75 94.50 94.50 87.75 87.75 94.50 390- 419.99 101.25 94.50 101,25 420- 449.99 101.25 108.00 101.25 450- 479.99 101.25 108.00 114.75 108.00 114.75 108.00 121.50 480- 509-99 114.75 114.75 121.50 510- 539.99 540- 569.99 114.75 121.50 128.25 121.50 128.25 121.50 135.00 135.00 128.25 141.75 570- 599-99 135.00 135,00 148.50 600- 629.99 141.75 148.50 141.75 155.25 630- 659.99 660- 689.99 148.50 148.50 155.25 162.00 155.25 155.25 162.00 148.50 162.00 162,00 690- 719.99 720- 749.99 155.25 168.75 175.50 168.75 175.50 162.00 168.75 168.75 750- 779.99 780- 809.99 182.25 168.75 175.50 175.50 182.25 175.50 189.00 182.25 189.00 810- 839.99 840- 869.99 182.25 189.00 195.75 189.00 195.75 189.00 195.75 202.50 202.50 870- 899.99 900- 929.99 195.75 209.25 202.50 209.25 202.50 209.25 216.00 209.25 216.00 930- 959.99 960- 989.99 209.25 216.00 216.00 222.75 216.00 229.50 222.75 229.50 236.25 990-1019-99 222.75 236.25 229.50 236.25 1020-1049-99 236.25 236.25 1050-1079.99

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments
January 1, 1975
Table 2

FOOD STAMP PROGRAM
THREE QUARTER-MONTHLY

		THREE QUARTE	ER-MONIHLY AN MANTHLY ADJUS	TED NET INCOME)	
COUPON ALLOTMENT	S, PURCHASE REQU	TREMENTS (BASED	UN-HONTILL ADDOC		
Household Size	16	17	· 18	. 19	20
Coupon	·	10	\$365	\$381	\$398
Allotment	\$332	\$348	Three Quarter-	Three Quarter-	Three Quarter-
Adjusted	Three Quarter-	Three Quarter-	Monthly	Monthly	Monthly
Monthly	<u> Monthly</u>	Monthly Purchase	Purchase	Purchase	Purchase
Net Income	, Purchase			243.00	243.00
1080-1109.99	243.00	243.00	243.00	249.75	249.75
1110-1139-99	249.75	249.75	249.75 256.50	256.50	256.50
1140-1169.99	256.50	256.50	263.25	263.25	263.25
1170-1199-99	263,25	263,25	270.00	270.00	270.00
1200-1229.99	270.00	270.00	276.75	276.75	276.75
1230-1259.99	276.75	276.75 283.50	283.50	283.50	283.50
1260-1289.99	277.50	291.00	290.25	290.25	290.25
1290-1319-99	277.50	291.00	297.00	297.00	297.00
1320-1349-99	277.50 277.50	291.00	303.75	303.75	303.75
<u>1350-1379-99</u>	277.50	291.00	304.50	310.50	310.50 317.25
1380-1409-99	277.50	291.00	304.50	317.25	324.00
1410-1439-99 1440-1469-99	277.50	291.00	304.50	318.00 318.00	330.75
1470-1499.99	277.50	291.00	304.50	318.00	331.50
1500-1529.99	1/	291.00	304.50	318.00	331.50
1530-1559-99		291.00	304.50	318.00	331.50
1560-1589.99		1/	304.50	318.00	331.50
1590-1619.99	ł <u>.</u>	<u> </u>	304.50	318.00	331.50
1620-1649.99		Į).	<u> </u>	318.00	331.50
1650-1679.99		<u> </u>	 	17	331.50
1680-1709-99		1	- 11	₩ -	331.50
1710-1739 . 99				-	1/
1740-	1	1	ļ!	<u> </u>	<u> </u>
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	l				so requirement listed.

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975

Table 3

FOOD STAMP PROGRAM SEMIMONTHLY

COUPON ALLOTMENT	TS, PURCHASE REQU	UIREMENTS (BASED	ON MONTHLY ADJIII	STED NET INCOMEN	
Househo]d			11	II	11
Size	1	2	3	4	5
Coupon				 	3
Allotment Adjusted	\$23	\$42	\$61	\$77	\$91
Monthly	Semimonthly	Semimonthly			
Net Income	Purchase	Purchase	Semimonthly	Semimonthly	Semimonthly
			Purchase	Purchase	Purchase
\$ 0- 19.99 	\$ 0.00 	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
30- 39.99	2.00	0.50 2.00	0.00	0.00	0.00
40- 49.99	3.00	3.50	2.00 3.50	2.00	2.50
50 - 59.99	4.00	5.00	5.00	3.50 5.00	4,00
60- 69-99	5.00	6,00	6.50	6.50	5.50 7.00
70- 79.99 80- 89.99	6.00	7.50	8.00	8.00	8.50
	7.00 8.00	9.00	9.50	9.50	10.00
10099.99 100109.99	9.00	10.50 11.50	10.50	11.00	11,50
110-119.99	10.50	13.00	12.00	12.50	13.00
120- 129.99	12.00	14.50	13.50 15.00	14.00	14.50
130- 139.99	13.50	16.00	16.50	15,50 17,00	16.50
140- 149.99 150- 169.99	15.00	17.50	18.00	18.50	18.00 19.50
170- 189.99	16.50	19.00	20.00	20.50	21,00
190- 209.99	18.00	22.00°	23.00	23.50	24.00
210- 229.99	10.00	25.00	26.00	26,50	27.00
230- 249.99		28.00 31.00	29.00	29.50	30.00
250- 269.99	#	32.00	32.00 35.00	32.50	33.00
270- 289-99		1/	38.00	35.50	36.00
290- 309.99		<u> </u>	41.00	38.50 41.50	39.00
310- 329.99			44.00	44.50	42.00 45.00
330~ 359.99 360~ 389.99			47.00	47.50	48.00
390419.99	li li	li	50.00	52.00	52.50
420- 449.99			52.00	56.50	57.00
<u>450-479.99</u>	#		1/	61.00	61,50
480- 509.99				65.00	66,00
<u>510-539.99</u>			[]	65.00	70.50
540- 569.99					75.00 77.00
570- 599.99 600- 629.99		i		}}	77.00 77.00
000- 629.99	11	iI			1/
		<u></u> !			

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income										
Household Size	1	2	3	4	5	6	7	8	9	10*
Adjusted Monthly Net Income	\$194	280	406	513	606	700	793	886	959	1,032

^{*}For Each Additional Person in Excess of 10 Add \$73.

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 3

FOOD STAMP PROGRAM SemiMonthly

	1	II	II	STED NET INCOME)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Household Size	6	7	8	9	10
Coupon	2125				1
Allotment Adjusted	\$105	\$119	\$133	\$144	\$155
Monthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly
Net Income	Pürchase	Purchase	Purchase	Purchase	Purchase
0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2,50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	5.50	6.00	6.00	6.00	6.00
60- 69.99	7.00	7.50	8.00	8.00	8.00
70- 79.99	8.50	9.00	9.50	9.50	9.50
80- 89.99	10.50	10.50	11.00	11.00	11.00
90- 99.99 100- 109.99	12.00 13.50	12.50 14.00	13.00	13.00	13.00
110- 119.99	15.50	16.00	14,50	14.50	14.50
120- 129.99	17.00	17.50	18.00	16.50 18.00	16.50 18,00
130- 139.99	18.50	19.00	19,50	19.50	19.50
140- 149.99	20.00	20.50	21.00	21,00	21.00
150- 169.99	21.50	22.00	22.50	22.50	22.50
170- 189.99	24.50	25.00	25.50	25.50	25.50
190 209.99	. 27.50	28.00	28.50	28.50	28.50
210- 229.99 230- 249.99	30.50	31.00	31.50	31.50	31.50
250- 269.99	33.50 36.50	34.00 37.00	34.50 37.50	34.50 37.50	34.50
270- 289.99	39.50	40.00	40.50	40.50	37.50 40.50
290- 309.99	42.50	43.00	43.50	43.50	43.50
310- 329.99	45.50	46.00	46.50	46.50	46.50
330- 359.99	48.50	49.00	49.50	49.50	49.50
360- 389.99	53.00	53.50	54.00	54.00	54.00
390- 419.99	57.50	58,00	58.50	58.50	58,50
420- 449.99 450- 479.99	62.00	62.50	63.00	63.00	63.00
480- 509.99	66,50 71,00	67.00	67.50	67.50	67.50
510- 539.99	75.50	71.50 76.00	72.00 76.50	72.00 76.50	72.00 76.50
540- 569.99	80.00	80.50	81.00	81.00	81.00
570- 599.99	84.50	85.00	85.50	85.50	85.50
600- 629.99	89.00	89.50	90.00	90.00	90.00
630- 659.99	89.00	94.00	94.50	94.50	94.50
660~ 689.99	89.00	98.50	99.00	99.00	99.00
690- 719.99 720- 749.99	<u> </u>	101.00	103.50	103.50	103.50
750- 779.99	1	101.00	108.00	108.00	108.00 112.50
780- 809.99	 	101.00	113.00	112.50	117.00
810- 839.99	1	<u>"</u>	113.00	121.50	121.50
840- 869.99		1	113.00	122.00	126.00
870- 899.99			1/	122,00	130.50
900- 929.99		-		122.00	131.00
930- 959.99 960- 989.99	 		 	122,00	131.00
990-1019.99	1			1/	131.00
1020-1049.99	 	 	 	 	131.00
1050-1079-99	1	ij.	91	lī .	131.00

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 3

FOOD STAMP PROGRAM SemiMonthly SEMIS (RASED ON MONTH)

COUPON ALLOTMENT	S, PURCHASE REQL	JIREMENTS (BASED	ON MONTHLY ADJUS	TED NET INCOME)	
Household Size	11	12	13	14	15
Coupon Allotment	\$166	\$177	\$188	\$199	\$210
Adjusted Monthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly
: Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0,00	0.00	0.00
30- 39.99	2.50	2.50	2,50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4:00
50- 59.99 60- 69.99	6.00 8.00	6.00	6.00	6.00	6.00
70- 79.99	9.50	8.00 9.50	8.00 9.50	8.00 9.50	8,00 9,50
8089.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14,50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18,00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21,00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99 210- 229.99	28.50 31.50	28.50 31.50	28.50	28.50	28.50
230- 249.99	34.50	34.50	31.50 34.50	31.50 34.50	31.50 34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40,50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58,50	58,50	58.50	58.50	58,50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99 480- 509.99	67.50	67.50	67.50	67.50	67.50
510- 539.99	72.00 76.50	72.00 76.50	72.00 76.50	72.00 76.50	72.00 76.50
540- 569.99	81.00	81.00	81,00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90,00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690-719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99 780- 809.99	112.50 117.00	112.50 117.00	112.50 117.00	112.50 117.00	112.50
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126,00	126.00	126.00	126.00	126.00
870-899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	140.00	144.00	144.00	144.00	144.00
990-1019.99	140,00	148,50	148,50	148.50	148.50
1020-1049.99	140.00	149.00	153.00	153.00 157.50	153.00 157.50
1050-1079.99	140.00	149.00	157.50	12/•20	13/•30

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 TABLE 3

FOOD STAMP PROGRAM

UPON ALLOTMENT	S, PURCHASE REQL		NTHLY ON MONTHLY ADJUS	TED NET INCOME)	· .
Household Size	11	12	13	14	15
Coupon Allotment	\$166	\$177	\$188	\$199	\$210
Adjusted Monthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
1080-1109.99 1110-1139.99	ī	149.00 149.00	158.00 158.00	162.00 166.50	162.00 166.50
1140-1169.99 1170-1199.99		149.00	158.00 158.00	167.00 167.00	171.00 175.50
1200-1229.99 1230-1259.99			158.00 158.00	167.00 167.00	176.00 176.00
1260-1289.99 1290-1319.99			1/	167.00	176.00
1320-1349.99 1350-1379.99				167.00 <u>1</u> /	176.00 176.00
1380-1409.99 1410-1439.99	 				176.00 <u>1</u> /
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For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 3

FOOD STAMP PROGRAM SEMIMONTHLY

COUPON ALLOTMEN	TS, PURCHASE REQ	UIREMENTS (BASED	ON MONTHLY ADJU	STED NET INCOME)	
Househo1d	Ì			II	1
Size	16	17	18	19	20
Coupon				 	 20
Allotment	\$221	\$232	\$243	\$254	\$265
Adjusted	Semimonthly	C			
Monthly Net income		Semimonthly	Semimonthly	Semimonthly	Semimonthly &
	Purchase	Purchase	Purchase	Purchase	Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29,99	0.00	0.00	0.00	0.00	0.00
30- 39.99 40- 49.99	2.50	2.50	2.50	2.50	2.50
	4.00	4.00	4.00	4.00	4.00
50- 59.99 60- 69.99	6.00	6.00	6.00	6.00	6.00
70- 79.99	8.00	8.00	8.00	8.00	8.00
80- 89.99	9.50	9.50	9.50	9.50	9.50
90- 99.99	11.00	11.00	11.00	11.00	11.00
100- 109.99	13.00	13.00	13.00	13.00	13.00
110- 119.99	14.50	14.50	14.50	14.50	14.50
120- 129.99	16.50	16.50	16.50	16.50	16.50
130- 139.99	18.00	18.00	18.00	18.00	18.00
140- 149.99	19.50	19.50	19.50	19.50	19.50
150- 169.99	21.00	21.00	21.00	21.00	21.00
170- 189.99	22.50 25.50	22.50	22.50	22.50	22.50
190- 209.99	28.50	25.50	25.50	25.50	25.50
210- 229.99	31.50	28.50	28.50	28.50	28.50
230- 249.99	34.50	31.50	31.50	31.50	31.50
250- 269.99	37.50	34.50 37.50	34.50	34.50	34.50
270- 289.99	40.50	40.50	37.50 40.50	37.50	37.50
290- 309.99	43.50	43.50	43.50	40.50	40.50
310- 329.99	46.50	46.50	46.50	43.50 46.50	43.50
<u>330-359.99</u>	49.50	49.50	49.50	49.50	46.50 49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72,00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99 600- 629.99	85.50	85.50	85.50	85.50	85.50
630- 659.99	90.00	90.00	90.00	90.00	90.00
660- 689.99	94.50	94.50	94.50	94.50	94.50
690- 719.99	99.00 103.50	99.00	99.00	99.00	99.00
720- 749.99	108.00	103.50	103.50	103.50	103.50
750- 779-99	112.50	108.00 112.50	108.00	108.00	108.00
780- 809.99	117.00		112.50	112.50	112.50
810-839-99	121.50	117.00 121.50	117.00	117.00	117.00
840- 869.99	126.00	126.00	121.50	121.50	121.50
870- 899.99	130.50	130.50	126.00 130.50	126.00	126.00
900- 929.99	135.00	135.00	135.00	130.50	130.50
930- 959.99	139.50	139.50	139.50	135.00	135.00
960- 989.99	144.00	144.00	144.00	139.50	139.50
990-1019.99	148,50	148.50	148.50	148.50	144.00
1020-1049.99	153.00	153.00	153.00	153.00	148.50 153.00
1050-1079.99	157.50	157.50	157.50	157-50	157.50

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975

FOOD STAMP PROGRAM
- SEMIMONTHLY
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (RASED ON MONTH)

Table 3

Household	1			1	ir
Size	16	17	18	10	
Coupon			 	19	20
Allotment	\$221	\$232	\$243	****	
Adjusted		72,72	3243	\$254	\$265
Monthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly	Semimonthly
Net Income	Purchase	Purchase	Purchase	Purchase	
1080-1109-99	162,00	162,00			Purchase
1110-1139,99	166.50	162.00	162.00	162,00	162.00
1140-1169.99	171.00	166,50	166,50	166.50	166.50
1170-1199.99	175.50	171.00	171.00	171.00	171.00
1200-1229.99	180.00	175.50	175.50	175.50	175.50
1230-1259.99	184.50	180.00	180.00	180.00	180.00
1260-1289.99	185.00	184,50 189,00	184.50	184.50	184.50
1290-1319.99	185.00	193.50	189.00	189.00	189.00
1320-1349.99	185.00	194.00	193.50	193.50	193.50
1350-1379.99	185.00	194.00	198.00 202.50	198.00	198.00
1380-1409.99	185.00	194.00	203.00	202.50 207.00	202.50
1410-1439,99	185.00	194.00	203.00	211.50	207.00
1440-1469.99	185.00	194.00	203.00		211.50
1470-1499,99	10,100	194.00	203.00	212.00 212.00	216.00
1500-1529.99		194.00	203.00	212.00	220.50
1530-1559.99		194.00	203.00	212.00	221.00 221.00
1560-1589.99		1/	203.00	212,00	
<u>1590-1619.99</u>	li	<i>-</i>	203.00	212.00	221.00
1620-1649.99		" — " — " — " — <u>" — " — " — </u>	1/	212,00	221.00
1650-1679.99	[[212.00	221.00 221.00
1680-1709.99				1/	221.00
1710-1739.99	i	[·	4	221.00
1740-					1/
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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 4

FOOD STAMP PROGRAM

Quarter-MonthlyTS PURCHASE REQUIREMENTS (RASED ON MONTHLY ADJUSTED NET INCO

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)								
Household								
Size		22]3	4	5			
Coupon Allotment	\$12	\$21	\$31	\$39	\$46			
Adjusted Monthly	Quarter-Monthly	Quarter-Monthly	Quarter-Honthly	Quarter-Monthly	Quarter-Monthly			
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase			
\$ 0- 19.99	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			
20- 29.99	0.25	0.25	0.00	0.00	0.00			
30- 39.99	1.00	1.00	1.00	1,00	1.25			
40- 49.99	1.50	1.75	1.75	1.75	2.00			
50- 59.99	2.00	2.50	2.50	2.50	2.75			
60- 69.99	2.50	3.00	3.25	3.25	3.50			
70- 79.99	3.00	3.75	4.00	4.00	4.25			
80- 89.99	3.50	4.50	4.75	4.75	5.00			
90~ 99.99	4.00	5.25	5.25	5.50	5.75			
100- 109,99	4.50	5.75	6.00	6.25	6.50			
110- 119.99	5.25	6.50	6.75	7.00	7.25			
120- 129,99	6.00	7.25	7.50	7.75	8.25			
130- 139.99	6.75	8.00	8.25	8,50	9.00			
140- 149.99	7.50	8.75	9.00	9.25	9.75			
150- 169.99	8.25	9.50	10.00	10.25	10.50			
170- 189.99	9.00	11.00	11.50	11.75	12.00			
190- 209.99	Ŋ	12.50	13.00	13.25	13.50			
210- 229.99	ļ	14.00	14.50	14.75	15.00			
230- 249.99		15.50 16.00	14	16.25	16.50			
250- 269.99	 	1/	17.50 19.00	17.75 19.25	18.00			
270- 289.99		<u>"</u>	20.50	20.75	21.00			
<u>290- 309.99</u> 310- 329.99		 	22.00	22,25	22.50			
330- 359.99	l	1	23.50	23.75	24.00			
360- 389.99		<u> </u>	25.00	26.00	26.25			
390- 419.99	1	ll .	26.00	28.25	28.50			
420- 449.99		 	1/	30.50	30.75			
450- 479.99	1	i!	-	32.50	33.00			
480- 509.99	 		1	32.50	35.25			
510- 539.99	l .		1	1/	37.50			
540- 569.99	<u> </u>	 			38.50			
570- 599.99					38.50			
600- 629.99					1/			
	1	l <u> </u>	<u> </u>	<u> </u>				

 $[\]underline{1}/$ For any elligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income										
Household Size	1	2	3	4	5	6	7	8	9	10#
Adjusted Monthly Net Income	\$194	280	406	513	606	700	793	886	959	1,032

^{*}For Each Additional Person in Excess of 10 Add \$73.

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975

Table 4

FOOD STAMP PROGRAM
Quarter-Honthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY

Household Size	.6	. 7 .	8	9 .	10
Coupon					10
Allotment	\$53	\$60	\$ 67	\$72	\$78
Adjusted Monthly		Quarter-Monthly		Quarter-Honthly	
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99 40- 49.99	1.25 2.00	1.25	1.25	1.25	1.25
40- 49.99 50- 59.99	2.75	2.00 3.00	3,00	2.00	2.00
60- 69.99	3.50	3.75	4.00	3.00 4.00	3.00
70- 79.99	4.25	4.50	4.75	4.75	4.00
80- 89.99	5.25	5.25	5.50	5.50	5.50
90- 99.99	6.00	6.25	6.50	6.50	6.50
100- 109-99	6.75	7.00	7.25	7.25	7.25
110- 119.99	7.75	8.00	8.25	8.25	8.25
120- 129.99	8.50	8.75	9.00	9.00	9.00
130- 139.99	9.25	9.50	9.75	9.75	9.75
140- 149.99	10.00	10.25	10,50	10.50	10.50
150- 169.99 170- 189.99	10.75	11.00	11.25	11.25	11.25
190- 209.99	12.25 13.75	12.50	12.75	12.75	12.75
210- 229.99	15.25	14.00 15.50	14.25	14.25	14.25
230- 249.99	16.75	17.00	15.75 17.25	15.75	15.75
250- 269.99	18.25	18.50	18.75	17.25 18.75	17.25 18.75
270- 289.99	19.75	20.00	20.25	20.25	20.25
290- 309.99	21.25	21.50	21.75	21.75	21.75
310- 329.99	22.75	23.00	23.25	23.25	23.25
330- 359.99	24.25	24.50	24.75	24.75	24.75
360- 389.99	26.50	26.75	27.00	27.00	27.00
390- 419.99 420- 449.99	28.75	29.00	29.25	29.25	29.25
450- 479.99	31.00 33.25	31.25	31.50	31.50	31.50
480- 509.99	35.50	33.50	33.75	33.75	33.75
510- 539.99	37.75	35.75 38.00	36.00 38.25	36.00	36.00
540- 569.99	40.00	40.25	40.50	38.25 40.50	38.25
570- 599.99	42.25	42.50	42.75	42.75	40.50 42.75
600- 629.99	44.50	44.75	45.00	45.00	45.00
630- 659.99	44.50	47.00	47.25	47.25	47.25
660- 689.99	44.50	49.25	49.50	49.50	49.50
690- 719.99	44.50	50.50	51.75	51.75	51.75
720- 749.99	1/	50.50	54.00	54.00	54.00
750- 779.99 .780- 809.99		50.50	56.25	56.25	<u>56.25</u>
810- 839.99	11	50.50	56.50	58.50	58.50
840- 869.99			56.50	60.75	60.75
870- 899.99	1	.	56.50	61.00 61.00	63.00
900- 929.99				61.00	65.25 65.50
930- 959.99	L	ļļ	!}	61.00	65.50
960- 989.99		——————————————————————————————————————		17	65.50
990-1019.99			#	<i>-</i> " ∥	65.50
1020-1049.99					65.50
1050-1079-99	11	[1	fi	- 11	1/

^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975

Table 4

FOOD STAMP PROGRAM
Quarter-Monthly
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	
Coupon		 	 		15
Allotment	\$83	\$89	\$94	\$100	\$105
Adjusted				7	
Monthly	Quarter-Monthly	Quarter-Monthly	Quarter-Monthly	Duarter-Monthly	Ouarter-Month!
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29-99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1,25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
· 90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8,25	8.25	8.25
120- 129.99	9.00	9,00	9.00	9,00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150 169.99	11.25	11.25	11.25	11,25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479,99 480- 509,99	33.75	33.75	33.75	33.75	33.75
510- 520.00	36.00 38.25	36.00	36.00	36.00	36.00
510- 539.99 540- 569.99	40.50	38.25 40.50	38.25	38.25	38.25
570- 599.99	42.75	42.75	40.50	40.50 42.75	40.50 42.75
600- 629.99	45.00	45.00	42.75 45.00	45.00	45,00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	- 60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	70.00	72.00	72.00	72.00	72.00
990-1019.99	70.00	74.25	74.25	74.25	74.25
1020-1049.99	70.00	74.50	76.50	76.50	76.50
1050-1079.99	70.00	74.50	78.75	78.75	78.75

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

CONTINUATION SHEET

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975 Table 4

FOOD STAMP PROGRAM Quarter-Monthly

COUPON ALLOTMEN	TS, PURCHASE REQ	-Quarter UIREMENTS (BASED	• Monthly ON MONTHLY ADJU:	STED NET INCOME)	
Household				n indicated	,
Size	1 11	12	13		
Coupon	· · · · · · · · · · · · · · · · · · ·		13	14	15
Allotment	\$83	\$89	\$94	\$100	\$105
- Adjusted					
Monthly	Quarter-Monthly	Quarter-Monthly	Quarter-Monthly	Quarter-Monthly	Quarter-Monthly
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
1080-1109.99	\$70.00	\$74.50	\$79.00	\$81.00	\$81.00
1110-1139-99	1/	74.50	79.00	83.25	83.25
1140-1169.99		74.50	79.00	83.50	85.50
1170-1199.99		74.50	79.00	83.50	87.75
1200-1229.99		1/	79.00	83.50	88.00
1230-1259.99			79.00	83.50	88.00
1260-1289.99		•	17	83.50	88.00
1290-1319.99				83.50	88.00
1320-1349.99	l i	i		83.50	88.00
1350-1379.99 1380-				1/	88.00
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For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency

Department of Benefit Payments January 1, 1975

Table 4

FOOD STAMP PROGRAM

Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18		
Coupon	 		10	19	· 20
Allotment	\$111	\$116	\$122		
Adjusted		77.10	7122	\$127	\$133
Monthly	DiartersHonthly	0			1
Net Income	Quarter-Monthly	Quarter-nonthly	Quarter-Monthly	Quarter-Monthly	Quarter-Month!
	Purchase	Purchase	Purchase	Purchase	Purchase
\$ 0 - 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89-99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109-99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8,25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11,25	11.25	11.25	11.25
170- 189,99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20,25	20.25	20.25	20.25	
290- 309.99	21.75	21.75	21.75		20.25
310- 329.99	23.25	23.25	23.25	21.75 23.25	21.75
330- 359.99	24.75	24.75	24.75	24.75	23.25
360- 389.99	27.00	27.00	27.00		24.75
390- 419.99	29.25	29.25	29.25	27.00	27.00
420- 449.99	31.50	31.50	31.50	29.25	29.25
450- 479.99	33.75	33.75	33.75	31.50	31.50
480- 509.99	36.00	36.00	36.00	33.75 36.00	33.75
510- 539.99	38.25	38.25	38.25		36.00
540- 569.99	40.50	40.50	40.50	38.25 40.50	38.25
570- 599 . 99 1	42.75	42.75	42.75	42.75	40.50
600- 629.99	45.00	45.00	45.00	45.00	42.75
630- 659.99	47.25	47.25	47.25	47.25	45.00
660- 689.99	49.50	49.50	49.50	49.50	47.25 49.50
690- 719-99	51.75	51.75	51.75	51.75	
720- 749.99	54.00	54.00	54.00	54.00	51.75 54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67 50
930- 959.99	69.75	69.75	69.75	69.75	67.50
960- 989.99	72.00	72.00	72.00	72.00	69.75 72.00
	74.25	74.25	74.25		74.25
770~1017.99 1					
990-1019.99 1020-1049.99	76.50	76.50	76.50	74.25 76.50	76.50

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FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

State of California Health and Welfare Agency Department of Benefit Payments January 1, 1975 Table 4

FOOD STAMP PROGRAM

COUPON ALLOTMEN	rs, purchase requ	FOOD STAMI -Quarter JIREMENTS (BASED	Monthly	STED NET INCOME)	
Household Size	16	17	18	19	20
Coupon Allotment	\$111	\$116	\$122	\$127	\$133
Adjusted Monthly	Quarter-Honthly	Quarter-Honthly	Quarter-Monthly	Quarter-Monthly	Quarter-Monthly
Net Income	Purchase	Purchase	Purchase	Purchase	Purchase
1080-1109.99	\$81.00	\$81.00	\$81.00	\$81.00	\$81.00
1110-1139.99	83.25	83.25	83.25	83.25	83.25
1140-1169.99	85.50	85.50	85.50	85.50	85.50
1170-1199.99	87.75	87.75	87.75	87.75	87.75
1200-1229.99	90.00	90.00	90.00	90.00	90.00
1230-1259.99	92.25	92.25	92.25	92.25	92.25
1260-1289.99	92.50 92.50	94.50 96.75	94.50 96.75	94.50 96.75	94.50 96.75
1290-1319.99 1320-1349.99	92.50	97.00	99.00	99.00	99.00
1350-1379.99	92.50	97.00	101.25	101.25	101.25
1380-1409.99	92,50	97.00	101.50	103.50	103.50
1410-1439.99	92.50	97.00	101.50	105.75	105.75
1440-1469.99	92.50	97.00	101.50	106.00	108.00
1470-1499.99	92.50	97.00	101.50	106.00	110.25
1500-1529.99	17	97.00	101.50	106.00	110.50
1530-1559.99	-	97.00	101.50	106.00	110.50
77560-1589.99	 	17	101.50	106.00	110.50
1590-1619.99	l	·	101.50	106.00	110.50
1620-1649.99	1	ii	1/ 1/	106.00	110.50
1650-1679.99	<u> </u>	<u> </u>	<u> </u>	106.00	110.50
1680-1709.99			11	106.00	110.50
<u> 1710-1739.99</u>	 	<u> </u>	 	1/	110.50
1740-	1			<u> </u>	1/
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^{1/} For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulation merely affirms for the state that which has been declared existing law or regulation through action by the Federal Government.

DAVID B. SWOAP

Director of Benefit Payments

JAMES E. JENKINS, Secretal Health and Welfare Agency

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FORM 400

FACE SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 3 1 1974

Office of Administrative Hearings

APPROVED FOR HILLS (Gov. Code 11380.2) DEC 3 1 1974

Office of Administrative Hearings

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

(Agency)
Dated: 25 1975

By: Agril B Supap

(Title)

in the office of the Secretary of State
of the State of Colifornia

DEC 3 1 1974 ___

At/30 o'clock M.
EDMUND G. BROWN Jr., Secretary of State

Douby Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part I, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend: Section 44-267.3

FORM 400▲

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-267 SPECIAL NEED FOR CHILD IN FOSTER CARE

44-267

.3 For Reimbursement to Foster Parents or Direct Payment for

Funeral Expenses

When a foster parent or foster parents desire a funeral other than as provided by the county the foster parent or foster parents shall be reimbursed, or, at the request of the foster parent or foster parents, payment shall be made directly to the funeral home and the burial plot provider, not to exceed \$650 for the cost of the burial plot and funeral expenses for a child receiving foster care at the time of his death to the extent not otherwise reimbursed for costs incurred for such purposes under any program in operation on December 31, 1973.

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because financing has been provided by Chapter 991 Statutes of 1973.

DAVID B. SWOAP

Director of Benefit Payments

Vien

ES E. JENKINS,

INS, Secretary

Health and Welfare Agency